

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 10-JUN-2014	TIME 23:54:00	2. ADDRESS OF OCCURRENCE 2101 W NORTH AVE CHICAGO, IL 60622	3. LOCATION CODE 304	4. BEAT/OCCUR 1424				
	5. POSITION 9161	6. LAST NAME KOLODZIEJSKI	7. FIRST NAME DANIEL E	8. STAR NO. 7043	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 511	12. HT. 160	13. WT.
	14. DATE OF APPT. 25-JUN-2001	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 014 1422R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME COTE	21. FIRST NAME MICHAEL	22. M.I. JAMES	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WHI	25. D.O.B. [REDACTED]	26. HT. 600	27. WT. 185	
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS	34. BY WHOM? DR [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****	DNA	37. CB NO. 18912094	IR ND.	DNA	
	38. <input type="checkbox"/> DNA	PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	ACTIVE RESISTER FLED <input checked="" type="checkbox"/>	ASSAILANT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ASSAILANT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	ASSAILANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER VEHICLE USED AS WEAPON _____			
	39. <input checked="" type="checkbox"/> DNA	SUBJECT'S ACTIONS STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____		
	WEAPON DISCHARGE INCIDENT  CASE INFO.	40. ADDITIONAL INFORMATION POSITION STAR NO. UNIT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS RAIN			
		45. MAKE/MANUFACTURER 46. MODEL 47. BARREL LENGTH 48. CALIBER/GAUGE	49. TASER DART ID ND. 50. WEAPON SERIAL NO. (Include Letters) 51. CHICAGO GUN REG. NO. 52. IL FIREARM OWNER ID. NO. 53. HANDGUN CERTIFICATE NO.	54. SPECIAL WEAPON CERTIFICATE NO. 55. PROPERTY INVENTORY NO. 56. TYPE OF AMMUNITION USED 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER 59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO 60. NO. OF CARRIDGES/SHOT SHELLS RELOADED 61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	70. EVENT NO. 1416116211						
SIGNATURES	71. RD. NO. HX298542	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
	73. REPORTING MEMBER (Print Name) KOLODZIEJSKI, DANIEL E 11-JUN-2014 06:16:38	STAR/EMPLOYEE NO. 7043	SIGNATURE [REDACTED]						
	74. REVIEWING SUPERVISOR (Print Name) HERNANDEZ, JULIO A	STAR NO. 1834	SIGNATURE [REDACTED]	DATE REVIEWED 11-JUN-2014 06:18:03					

CPD-11.377 (REV. 10/07)

LOG# 106972

Attachment # 23

SUBJECT  
INFORMATION

38. CHARGES PLACED

720 ILCS 5.0/12-2-C-8, 9-20-010(B), 625 ILCS 5.0/3-707, 625 ILCS 5.0/11-404-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4

DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

**75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Offender hospitalized.

**76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING**

Based upon the information available at the time of this report, it is the preliminary determination of the undersigned that Officer Daniel Kulodziejski #7043 acted in compliance with Department policy. Officer Kulodziejski's life was threatened after offender COTE, Michael (NoCBR#), CB #18912094 drove his vehicle directly officer&#39;s direction, thus placing him in fear of his life. Log Number 1067912 was issued for this incident. U#14-16.

**77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:**

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1069721 OBTAINED

**78. WATCH COMMANDER/OCIC (Print Name)**

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

11-JUN-2014 06:52:34

**79. DISTRIBUTION OF ORIGINAL TRR:**

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- |                          |                      |                          |   |
|--------------------------|----------------------|--------------------------|---|
| <input type="checkbox"/> | SUPPLEMENTARY REPORT | <input type="checkbox"/> | I.O.D. REPORT                                       |
| <input type="checkbox"/> | CASE REPORT          | <input type="checkbox"/> | CR INITIATION REPORT                                |
| <input type="checkbox"/> | ARREST REPORT        | <input type="checkbox"/> | TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |

80. TOTAL TRR's THIS EVENT No.

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